

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Michael Outerbidge
SAME " " " " " " " "

Write the full name of each plaintiff.

16 cv. 3383 (RA).

(Include case number if one has been assigned)

AMENDED
COMPLAINT
(Prisoner)

-against-

The City of New York, et al.
14th Pct. P.O. SOUJOURN P.O.
Mitchell; 32 Pct. P.O. Rod-
Riguez; P.O. DAVID FERNANDEZ (UNKNOWN P.O.)

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

USDC SDNY
DOCUMENT
ELECTRONICALLY FILED
DOC #:
DATE FILED: 8/16/16

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☒ Other:

United States Human Rights

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Michael Outenbridge U N N
First Name Middle Initial Last Name

SAME

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

NONE

Current Place of Detention

NONE

Institutional Address

New York , N.Y. 10031
County, City State Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☐ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☒ Other:

Released →

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

Pending Softour Pending
 First Name Last Name Shield #
 Police Officer
 Current Job Title (or other identifying information)
 14th Pct. 357 W. 35th St.
 Current Work Address
 New York, N.Y. 10036.
 County, City State Zip Code

Defendant 2:

Pending Mitchell Pending
 First Name Last Name Shield #
 Police Officer
 Current Job Title (or other identifying information)
 14th Pct. 357 W. 35th St.
 Current Work Address
 New York, N.Y. 10036.
 County, City State Zip Code

Defendant 3:

Pending Sgt. Rodriguez Pending
 First Name Last Name Shield #
 Police Officer, Sgt. 32 Pct.
 Current Job Title (or other identifying information)
 250 W. 135th St.
 Current Work Address
 New York N.Y. 10030.
 County, City State Zip Code

Defendant 4:

DAVID FERNANDEZ 4505
 First Name Last Name Shield #
 Police Officer
 Current Job Title (or other identifying information)
 250 W. 135th St.
 Current Work Address
 New York, N.Y. 10030.
 County, City State Zip Code

Defendant 5: UNKNOWN P.O.

V. STATEMENT OF CLAIM

Place(s) of occurrence:

(14TH Pct.); (32 Pct.)

Date(s) of occurrence:

(8:20pm.); (7:32 AM.)

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

ON April 14, 2015; At 8:20pm. I were stopped by (4) Police Officer(s) OF the MTS. 14TH Pct., FOR AN OPEN CONTAINER OF beer. I showed my I.D. AND A WARRANT Alert Sheet STATING I HAD NO WARRANTS. I WAS ARRESTED by these OFFICER(S) ANYWAY AND TAKENED to the 14TH Pct. At The Pct., I Requested to speak to a Sgt. OR SUPERVISOR, AND My Allowed Phone Call. AFTER I were denied these Request, I Refused my Finger Prints UNTIL My Request(s) were met WHICH ARE My FUNDAMENTAL AND CONSTITUTIONAL Rights by LAW. AS I were WAITING in the holding cell A OFFICER came in My cell AND put HAND CUFFS AND leg Shackles ON me AND you're going to get it NOW. About 5-10 minutes later A different OFFICER opens My cell AND demands I to stand up. (QUOTE) ONCE A PRISONER IS locked in A holding cell it is UNLAWFUL to HANDCUFF AND SHACKLE him OR her. IN VIOLATION OF their Civil, CONSTITUTIONAL AND HUMAN Rights, legally.

V. STATEMENT OF CLAIM

Place(s) of occurrence:

32 Precinct; 250 W. 135th St.

Date(s) of occurrence:

May. 23, 2015

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

ON MAY. 23, 2015, AT 7:32 AM., I & THE PLAINTIFF WERE INSIDE THE DELI AT 340 LENOX AVE. IN THE COUNTY AND STATE OF NEW YORK WHEN THE POLICE SHOW UP AND ARRIVE INSIDE THE STORE. THE DELI CLERK SAID I OWED HIM FOR A BEER FROM LAST WEEK. THE P.O. DAVID FERNANDEZ, SHIELD #4505, ASK ME DID I HAVE THE MONEY TO PAY FOR THE BEER, I SAID I DON'T HAVE ALL OF IT, ONLY HALF OF THE MONEY. THE STORE CLERK AND THIS OFFICER DETERMINED TO ARREST ME AND LOCKED ME UP. AT THE PCT. WAS SEARCHED BY P.O. D. FERNANDEZ, AND FOUND A BOTTLE OPENER CORCK SCREW THAT I HAD BEEN USING TO OPEN WINE ON THIS MEMORIAL DAY WEEKEND. NOW, SGT. RODRIGUEZ, AND FERNANDEZ DECIDE TO CHARGE ME WITH A FELONY - CPW, PL. 265.02(1). SINCE WHEN DOES A BOTTLE OPENER BECOME A WEAPON AND I NEVER THREATENED NO ONE WITH IT. I STAYED IN JAIL 21 DAYS BEFORE POSTING BAIL THE CASE WAS FINALLY DISMISSED 11/04/15 BECAUSE THE COMPLAINANT NEVER APPEARED IN COURT.

AS I tried to stand up this OFFICER IN QUESTION WHO IS UNKNOWN ATTACKED AND ASSAULTED ME BY SNATCHING THE FOOT SCHAKLES, PULLING ME OFF THE BENCH INSIDE THE HOLDING CELL HITTING MY BACK, HEAD, NECK AND SHOULDER ON TO THE CONCRETE FLOOR, DRAGGING ME OUT OF THE CELL, PUTTING HIS RIGHT FOOT IN MY CHEST, MUSHING MY FACE INTO THE CELL BARS AND PULLING MY ARMS ALL THE WAY UP WHILE I'M CUFFED FROM BEHIND (P.O. MITCHELL AND SO FOUR WITNESS THIS ASSAULT) INJURIES: AND DID NOTHING TO STOP IT OR INTERVENE.

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Mental, Physical, Psychological disorder;
POST TRAUMATIC STRESS DISORDER, PAIN AND SUFFERING PAIN IN MY BACK, SHOULDER, NECK AND HEAD SWELLING TO MY LEFT LEG FROM THE SCHAKLES PLACED ON ME TO TIGHT & ILLEGALLY BY ONE OF THE ARRESTING OFFICERS ADDING TO MORE PAIN & SUFFERING.
VI. RELIEF

State briefly what money damages or other relief you want the court to order.

I THE PLAINTIFF DOES STATE A CLAIM UPON WHERE RELIEF MAY BE GRANTED ON THE GROUNDS OF POLICE BRUTALITY, ASSAULT, FALSE ARREST, VIOLATING THE PLAINTIFFS CIVIL CONSTITUTIONAL AND LEGAL HUMAN RIGHTS. THE OFFICERS NAMED IN THIS COMPLAINT INCLUDING THE UNKNOWN OFFICER MUST BE HELD ACCOUNTABLE AND RESPONSIBLE TO THE HIGHEST DEGREE OF THEIR OFFICIAL CAPACITY AND SWORN DUTIES ACTING UNDER THE COLOR OF

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

CONTINUED VI. RELIEF

State briefly what money damages or other relief you want the court to order.

LAW. These OFFICER(S) intentionally violated my legal rights under the U.S.C.A.S 4, 5, 6, 8, 13, 14; THAT ARE Federally Protected LAWS. These OFFICER(S) Maliciously, Vindictively, Prejudiciously, discriminated, intimidated, threatened and assaulted me to which are a total Abuse of Authority, AND Position. Relief to the Plaintiff must also be granted in the fact these CRIMINAL ACT(S) These OFFICER(S) committed. The Plaintiff therefore are seeking Monetary Damages in the amount of - 2,000,000.00 dollars, for his pain and suffering.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

Aug. 16, 2016.		U.A. Outenbrucke	
Dated		Plaintiff's Signature	
Michael		Outenbrucke	
First Name	Middle Initial	Last Name	
None			
Prison Address			
New York,	N.Y.	10031.	
County, City	State	Zip Code	

Date on which I am delivering this complaint to prison authorities for mailing: _____